



Leading Teens Closer to Christ!

**Registration Form for 2020-21 Formation Year**

**High School Grades:** 9-12<sup>th</sup> \*see note in this section  
**Home School:** 14-18 yrs old \*see note in this section  
**Normal Meeting:** Wednesdays after evening Mass, during Summer begins at 6pm  
**Special Events Times:** See website & email

**Normal Location:** PAC (Gym & CYM Rm. #227)  
**Registration Fee:** \$30.00 first teen (\$15 each additional)  
 Make checks to Sacred Heart Church with CYM on memo line

**Age limit:** Teens =/>19 yrs before August 2020 are not Life Teen eligible. Join Young Adult Ministry (YAM) Sundays at 1pm (normally in room 226 of the PAC) or Tuesdays at 5pm (normally at a local restaurant). Receive alerts by sending @7cg72 to 81010

**Life Teen Shirts,** available Fall 2020, (needed for off-campus events like Covecrest, Steubenville, Hiking, etc.). Shirts are an additional cost and may be purchased at Life Nights for \$20. Please do not combine shirt and registration payment.

**Make checks payable to Sacred Heart Parish – with Memo Line labeled: CYM**

(PLEASE PRINT ALL INFORMATION BELOW LEGIBLY & TURN IN BOTH PAGES OF FORM)

**FAMILY INFORMATION (Please print clearly)**

Registered in this Parish:      Y      N      Which Mass do you attend?: **Sat.** 5pm    **Sun.** 9am 11:45am 2pm

Last Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Relationship to Youth: \_\_\_\_\_ Relationship to Youth: \_\_\_\_\_  
 Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Religion: \_\_\_\_\_ Religion: \_\_\_\_\_  
 Primary e-mail to contact parent: \_\_\_\_\_  
 Contact phone during Life Nights (Sundays 4-6pm): \_\_\_\_\_ Home Phone: \_\_\_\_\_

**STUDENT INFORMATION**

Student's Last Name (If Different): \_\_\_\_\_ Resides With: Mom - Dad - Both

**\* Please List all HIGH SCHOOL Students in your residence from *Oldest to Youngest***

Teen's name (Last/First)	TEEN'S EMAIL	TEEN'S CELL	* CELL PROVIDER	Male or Female	DOB	GRADE	SCHOOL

\* Providing cell phone information allows us the ability/permission to text message info & reminders to your teen(s).

What school or Church activities is your teen involved or interested in doing? \_\_\_\_\_

Which of these Sacraments has your teen received (check)? **Baptism** \_\_\_ **Holy Communion** \_\_\_ **Confirmation** \_\_\_

Does your teen have any allergies or other special needs? \_\_\_ (If yes, please list his/her needs below)

**FINANCIAL ASSISTANCE REQUEST** \_\_\_\_\_ < Initial for 50% financial aid. Must turn in payment with form

*OFFICE USE ONLY*

DATE FORM RECEIVED \_\_\_\_\_ AMT PD. \$ \_\_\_\_\_ AMT DUE \$ \_\_\_\_\_ CHECK# \_\_\_\_\_ CASH \$ \_\_\_\_\_



Leading Teens Closer to Christ!

Registration Form for 2020-21 Formation Year

ATTENDANCE POLICY FOR COVECREST SUMMER CAMP

Teens wishing to participate in Covecrest Summer Camp must maintain a 50% or greater attendance.

Percentages calculated based on time the family began residing in the Macon Deanery area.

(Members may invite visiting high school relatives, but must maintain attendance rate and attend event with their visitor.)

PHOTO RELEASE

PHOTO RELEASE: I hereby grant permission for photographs taken of me at this event to appear on one of the communication mediums of my parish/school/organization (bulletin, newsletter, website, etc.) and/or the Catholic Diocese of Savannah (e.g., Sacred Heart Bulletin, Parish websites, The Southern Cross or diocesan websites). I understand that these images will be used only in relation to these publications and this event. Any other use of said images will require my full written consent.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

LIABILITY WAIVER, MEDICAL, TRANSPORTATION & CONSENT

I voluntarily agree to allow my child to participate in the in the Sacred Heart Life Teen. I understand there are games and activities involved, and there are risks involved in activities. These activities will take place under the guidance and direction of employees/volunteers from Sacred Heart Church. I also understand that my child's participation may require transportation to/from event sites, and this transportation is arranged by my parish/school/organization leaders.

I agree to hold harmless and defend Sacred Heart Parish, its officers, directors, employees and agents, and the Diocese of Savannah, its employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate my parish/school/organization named above, its officers, directors and agents, and representatives associated with the event, for reasonable attorney's fees and expenses which they may incur in any action brought against them as a result of such injury or damage

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

EMERGENCY CONTACT INFORMATION

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

ATTENTION PARENTS – HELP IS NEEDED

ATTENTION Parents/Guardians, We are in need of many parents to help raise funds this year, to bring down the cost of off-campus events. If your teen hopes to attend any of these, please consider offering your assistance. We will also need a Life Teen Fundraiser Leader! Please check any areas below you are willing to serve.

Areas we can us assistance are:

\_\_\_ Fundraising/Development \_\_\_ Food & Refreshments for special events

\_\_\_ Chaperone Driver (must be Virtus required) \_\_\_ Decorations

\_\_\_ Host Home for special events (Virtus required) \_\_\_ Assist with a service project (Virtus required)